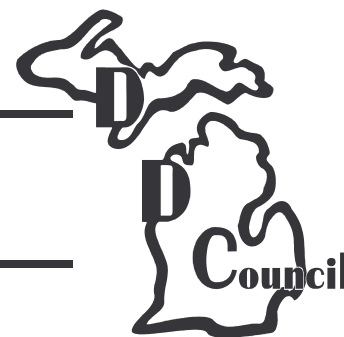


Grant Proposal Instructions

Instructions for Completing DD Council Grant Proposal Forms

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General Instructions

for completing the DD Council's grant proposal forms

Overview

This package contains instructions for developing a proposal for a Developmental Disabilities Council (DD Council) grant. You will need these other files to complete your proposal:

- A. The Request for Proposals (RFP) or invitation letter from the DD Council provides program specifications and information about the amount of funds available for the project.
- B. The "Information and Tools" package for the RFP you're working with. This provides additional information and resources that may be helpful in developing a proposal.
- C. The proposal forms for developing a proposal.

The DD Council does not encourage unsolicited proposals
and cannot assure any review or consideration for proposals developed outside its planning and request for proposal process.

You can download all of these from www.Michigan.org/ddcouncil.

Working With the Proposal Forms File

When downloading this file from the Web, **ALWAYS** save it to your local disk before typing into the forms. If you don't, even minor problems with your system, or with Internet Explorer, could leave you without a trace of your proposal.

Format and Structure

- A. Use white, 8½" X 11" regular office paper. Print proposals:
 - 1. *Single-sided*,
 - 2. With black, 12 point or equivalent type,
 - 3. Margins at least 0.75" on all sides, and
 - 4. At least 1.5 line spacing.
- B. Do *not* include materials beyond those requested.
- C. Use the outline and formats in the proposal forms file. Be sure that a reviewer can find information items within the same relationship on the page.

- D.** Respond to all items in the order specified. Reviewers will be following this outline, and will expect responses to these items, in this order.
- E.** Do not exceed the page limits specified.

Components

Your proposal must include **everything** specified here unless your letter of invitation states otherwise.

Proposal Coversheet.

Instructions are on the form for each item on the Proposal Coversheet.

- A.** *If* applicant agency and implementing agency are the same organization, skip the *Implementing Agency* section.

Signatures. At least one copy of the proposal must have original signatures (not photocopied, faxed or otherwise reproduced) on the Proposal Coversheet and on the Budget Summary. Original signatures should be in colored ink (e.g., blue or purple – NOT black), to be easily distinguished from photocopies.

- B.** Respond to all other items on this form! Be sure you have included telephone numbers and Federal Employer ID#. We can't write a grant contract without the Employer ID#. It's the number the agency uses with the IRS.
- C.** The Proposal Coversheet of one copy of the proposal must have the *original* signature (not photocopied) of the person authorized *to make commitments for the applicant organization* and *turn around signature documents within two weeks*. The original signature must be in colored (not black) ink, to be readily distinguished from photocopies.

Narrative Description.

Respond to each item in the Narrative Description outline. Summarize concisely, in paragraph format, the material that will follow in the *Workplan and Schedule Format*. Use language understandable by a diverse set of reviewers. (Not all reviewers are subject-matter experts or familiar with your specific profession, type of agency or local and/or regional resources.) Respond to each item directly and concisely. Fit level of detail to the page limits specified.

Target Groups.

The Request for Proposals defines the DD Council's target groups for a given project. Use the table formats provided in the proposal forms file to describe the groups and estimate the number of people from each group your project intends to influence, train, educate or serve. Do NOT include everyone in your existing program or catchment area who might qualify. These are *target* numbers, not head-counts. Even if there's no way to be sure how many will participate, proposals must set targets for the number of people they will try to serve. Uniform formats make your proposal much clearer for reviewers, and are essential to a winning proposal. The tables provided are:

A. Describe target groups, by project-related characteristics: (One page.) Use the table formats provided, and add others to describe target groups not included here.

1. People with developmental disabilities.

a. People with Developmental Disabilities by Level of Supports Needed: **This table is required.**

Council grant projects that provide services and supports *may* also serve other people with disabilities (and their families, advocates, service providers, etc.) However, all such projects must target people meeting the DD Act definition (See the RFP) as at least half of their consumers. Proposals must describe people with disabilities targeted in terms of the level of supports needed.

b. Participants with DD by other relevant characteristics. We have included an **example**. Change it to describe the groups your project will target. Use characteristics relevant to the Council's targets and the specifics of the project. **For example**, The Council's objectives and/or those of the applicant agency might include reaching a particular mix of urban and rural residents, diagnostic categories, or other characteristics not described by the table above. Estimate how many in each group the project will serve, train, educate or influence. Use this table to help reviewers understand more about the people who will participate in the project.

2. Other target groups and participants, including those without DD. Again, we provide an **example**. Change it to describe the groups *your* project will target. Develop tables that describe those targeted by the characteristics that matter in the context of the project. Include all categories specified in the RFP and your proposal. Again, use the table to help reviewers understand who the project would work with.

B. Describe target groups by race. **This table is required.** All projects must provide data on the race of staff and people with DD. You should change the headings in the last three columns to the right to reflect the groups your project will target. **For example**, your project might target members of the general public and providers of generic community services.

Workplan

Use the table form titled *Grant Project Workplan and Schedule*. Organize the workplan around the Council's targeted outcomes for the grant initiative. They are listed in Section II of the Request for Proposals. Once you address these, you may add compatible outcomes specific to your project, agency, target population or other local factors. [See *Glossary of Workplan Terms*, immediately following these instructions, for definitions of terms used here. See *Examples*, on page 8 on the page after that, for sample table entries.]

Level of detail for quarterly tables:

Either for a new project or for a continuation, 6 to 8 outcomes per quarter are usually plenty. Even with multiple indicators per outcome, 1-2 concise pages of workplan per quarter will probably serve your project well.

Number of tables:

- A. Quarterly.** Make one table (the table may take more than one page) for each quarter of Year One of the project (Total of four [4] quarterly tables.) Ongoing outcomes should appear on each quarterly table, with indicators specific to that quarter. **For example**, if you expect to complete 10 individual budgets by the end of the year, you might target finishing one in the first quarter, two in the second, three in the third, four in the fourth.
- B. Yearly.** For a multi-year project, provide one table of *summary* workplan for each *subsequent* project year. Yearly tables require less detail than the quarterly tables required for Year One. Yearly workplan tables should not exceed two pages.

For each table:

- A. Column 1, Outcome.** For each table, list the outcomes you plan to address in any way *during the period covered by the table* (e.g., Quarter 1 or Year Two). This includes outcomes you plan to achieve during that period AND outcomes you plan to work toward, reach indicators for and/or collect data. Address all of the Council's targeted outcomes — you can find them in the Request for Proposals (RFP), letter of invitation and/or the Council's *Strategic Plan*. Once you have addressed them, you may add compatible outcomes specific to your proposed project. Articulate outcomes as:
1. **Changes to the system** of community supports, to improve access, inclusion and/or self-determination for people with developmental disabilities and their families;
 2. **Changes to attitudes** in the community, including acceptance of community inclusion for people with developmental disabilities and awareness of their abilities and needs; or
 3. **Benefits to people with developmental disabilities and their families**, especially those in the Council's target groups for the project, especially benefits that support their self-determination and full inclusion in the community.
- B. Column 2, Activity to achieve what's targeted.**
1. Specify who is responsible for the activity and who will participate (*who?*).
 2. Describe the activity and the methodology or approach (*what?*) Clearly tie each activity to the outcome described on the same row.
- C. Column 3, Outputs / Units of Service.** For each activity, describe the resulting outputs (See *Glossary* on the page following the charts for definitions of terms.) or units of service projected for the quarter. Assign numbers or status descriptions that allow the project to check on whether work is going as planned. Express outputs as units that might reasonably contribute toward achieving the specified outcome.
- D. Column 4, Outcome Indicators.** Enter the outcome indicators that will serve as evidence that there is change on the outcome specified, [at least partially] because of the outputs and activities described.

E. Column 5, Evaluation. State where and how the project will collect, analyze and assess data to measure the project's progress toward achieving the outcome. Include data collection used for the project's annual report on consumer satisfaction.

F. Repeat the process for each outcome the project intends to address during the period covered by the table.

G. Develop:

1. A table for each quarter of the project's Year One, and
2. A table for each subsequent year of a multi-year project.

Glossary of Workplan Terms

Activities are the work a project does with grant and match resources toward achieving the outcomes targeted by the project.

Examples: Providing supports for people with developmental disabilities, developing inclusive community options, and training service providers about supporting self-determination. Project *activities* result in *outputs*.

Evaluation is the way a project collects, analyzes and uses data:

- a. To find out how well it is achieving what it set out to do.

Example: An employment project's plan for *evaluation* of its success in helping participants increase their productivity might include how it will:

1. Track changes in the number of hours participants work;
2. Track changes in participants' total earnings; and
3. Aggregate, analyze and report the data collected.

- b. To improve the performance of the project.

Example: A family support project's plan for *evaluation* of its success in meeting the needs of the people with disabilities and family members they serve might include how it will:

1. Develop or identify a survey instrument;
2. Administer it and collect responses;
3. Aggregate and analyze responses; and
4. Use the information obtained by the survey in improving the project's performance.

Outcomes are benefits resulting from the project's **Activities** and **Units of Service**. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. For DD Council grant projects, targeted outcomes may be:

- a. **Changes to the system** that improve the ability of people with developmental disabilities to achieve community inclusion and self-determination. They may be changes in the way services and supports are provided for people with DD or in the options available to them.

Examples: A facility-based work activity program converted to community-based supported employment or new agency procedures to make supports and services more consumer-directed.

- b. **Changes in attitudes** in the community, including acceptance of community inclusion for people with developmental disabilities; awareness of their abilities and needs; and changes in accessibility of places, programs and activities.

c. **Benefits to participants** during or after their involvement with a program.

Examples: A job in the community; a self-determined living situation, improved skills in various aspects of functioning in the community.

Outcome indicators are the specific items of information that track a program's success on outcomes.

They describe

observable,

measurable

characteristics or

changes that show that

an outcome has been

achieved.

Examples: The number of participants who get community-based jobs,

the amount of funding moved from facility-based to community-based work and the number of new community-based options developed for people with developmental disabilities might indicate progress in converting a facility-based program to community-based supported employment.

Most DD Council grant projects have various **levels** of outcomes, with early outcomes leading to longer-term ones.
Example: A person with DD who improves work skills may get into supported employment. Experience there might lead to better pay or competitive employment and help the worker get the income (and/or the self-confidence) to move to a more independent residential setting.

Units of Service are a project's efforts. The *units of service* should produce desired *outcomes* for the program's participants.

Examples: Total number of hours of job coaching provided, places to live or jobs made available, classes taught, brochures distributed, and participants served.

Workplan Example

Including Outcomes, Activities, Outputs, Indicators and Evaluation

1	2	3			4	5
Outcome	a. What changes to the system? b. What benefits to people?	Activity To accomplish what's targeted			Outcome Indicators	Evaluation
		a. Who?	b. Does What?	c. How much? (What outputs?) ¹	Evidence of change achieved	Where & how will data be collected?
Outcome for People EM11: Adults with DD who want to work obtain jobs of their choice and maintain them for more than six months.		Empl't services staff	Identifies consumers	5 consumers identified	Number of people with disabilities moved from segregated facilities to work-based activities in the community	Count of number of consumers moved from segregated facility to community work Count of number of consumers who maintain their job for 6 mo. or longer Satisfaction ratings on Job Satisfaction Scale at 3 and 6 mo. of employment
			Determines job interest	5 person centered plans completed		
			Find employers	3 employers found		
			Develop job site supports	5 job sites with supports in place		
			Place workers	5 consumers placed in jobs		
			Assess job-worker-support matches	5 consumers' satisfaction w/job assessed		
			Provide job supports	50 hrs job support/week provided		
Outcome for the System EM13: Segregated employment programs are converted to community-based programming in project communities		Mgt team	Identify segregated employment program	1 program identified	Amount of funding converted from segregated to community-based day programming within targeted communities	<ul style="list-style-type: none"> Budget analysis showing the current cost per slot. Number of dollars spent during quarter on community-based work. Analysis of changes in support costs from segregated to community based activities.
			Review program budget and determine "slot cost"	List of slots and dollars assigned per slot.		
			Determine # of consumers to move to community employment per quarter	List of consumers and potential dates for move to community work.		
			Identify staff to provide community-based supports and their training needs	List of staff. Results of training needs assessment		
			Prepare conversion plan	Written plan with time line for conversion		
			Train staff	10 staff trained		
		Empl't services staff	Determine consumer job interest	5 person centered plans completed		
			Find employers	3 employers found		
			Develop job site supports	5 job sites with supports in place		
			Place workers	5 consumers placed in jobs		
			Assess job-worker-support matches	5 consumers' satisfaction with job assessed		
			Provide job supports	50 hours/week of job support provided per week		

¹ Note that these activities and outputs serve to support two different outcomes and sets of outcome indicators. All refer to a single set of 5 consumers, 3 employers, etc.

Letters of Support

The RFP specifies what kinds of letters of support you will need. Letters of support usually strengthen a grant proposal if they include concrete specifics about:

1. The letter-writer's experience with the applicant's work, especially with collaborative work and coalition-building; and
2. Specific information about what the letter-writer, as an organization or individual, commits to do and/or provide to support the proposed project.

Budget Instructions

Complete both budget forms in the proposal forms file: *Program Budget Summary* and *Program Budget -- Cost Detail Schedule*.

Introduction

1. The budget should reflect all expenditures and funds associated with the program, including local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program should equal the total funds.
2. The *Program Budget Summary* (DCH-0385) provides a standard format for presenting the financial requirements (both expenditure and funding) for each applicable program (i.e., project). Detail information supporting the *Program Budget Summary* is contained in the *Program Budget-Cost Detail Schedule* (DCH-0386). General instruction for the completion of these forms follows.

Program Budget Summary (DCH-0385)

Form Preparation

Use the *Program Budget Summary* (DCH-0385) in the proposal forms file. Complete the DCH-0386 form prior to completing the DCH-0385 form. (Note: The Excel version of these budget forms, available from the DD Council's web site, www.michigan.gov/ddcouncil, automatically updates the *Program Budget Summary* amounts as the user completes the *Program Budget-Cost Detail Schedule*.)

Header Information

- A. Program.** Enter the title of the program.
- B. Date Prepared.** Enter the date prepared.
- C. Page__ of __.** Enter the number of this page and the total number of pages in the complete budget package.
- D. Contractor.** Enter the name of the Contractor (the agency applying for the grant).
- E. Budget Period.** Enter the proposed start date and end date of the first project year.
- F. Address.** Enter the complete address of the Contractor (the agency applying for the grant).
- G. Original or Amended.** Check whether this is an original budget or an amended budget. (When responding to an RFP, check original.) The budget attached to the agreement at the time it is signed is the original budget. If the budget pertains to an amendment, enter the number of the amendment.
- H. Employer Identification Number.** Enter Federal Identification Number as stated on the Coversheet.

Expenditure Category Column

All expenditure amounts entered on the *Program Budget Summary* (DCH-0385) should come from the total amounts computed on the *Program Budget-Cost Detail Schedule* (DCH-0386).

Expenditure line items: You will find a definition of each line item, and information about which costs it includes, in the instructions for completing the *Program Budget-Cost Detail Schedule* (DCH-0386).

- | | |
|-------------------------------|------------------------|
| 1. Salaries and Wages | 6. Equipment |
| 2. Fringe Benefits | 7. Other Expenses |
| 3. Travel | 8. Total Direct |
| 4. Supplies and Materials | 9. Indirect Cost |
| 5. Contractual (Subcontracts) | 10. Total Expenditures |

Source of Funds

- A. Line 11. Fees and Collections.** Enter the total fees and collections estimated. The total fees and collections represent funds which the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
- B. Line 12. State Agreement.** Enter the amount of MDCH funding requested to support this project. State percentages are not required. **For DD Council grants, this is the amount of federal developmental disabilities funds requested.**
- C. Line 13. Local.** Enter the amount of local funds used for support of this program. In-kind and donated services from other agencies or sources should not be included on this line.
- D. Line 14. Federal.** Enter the amount of any Federal grants (from sources **OTHER** than the Michigan DD Council) received **directly** by the Contractor in support of this program and identify the type of grant.
- E. Line 15. Other.** Enter and identify the amount of any other funding received. Other funding includes foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. **For DD Council grants, include In-kind and donated support here.**
- F. Line 16. Total Funding.** Enter the total funding amount on line 16. This is determined by adding lines 12 through 16 and must be equal to Line 10: Total Expenditures.

Total Budget Column

The *Program Budget Summary* presents a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source (e.g., the DD Council). The “Total Budget” column represents the program budget amount. **The “Total Budget” column must be completed.**

Program Budget-Cost Detail Schedule (Dch-0386)

Form Preparation.

Use the *Program Budget-Cost Detail Schedule* in the proposal forms file.

Header Information

- A. **Page ___ of ___.** Enter the page number of this page and the total number of pages in the complete budget package.
- B. **Program.** Enter the title of the program (Michigan Developmental Disabilities Council grant).
- C. **Budget Period.** Enter the proposed start date and end date of the first project year.
- D. **Date Prepared.** Enter the date prepared.
- E. **Contractor.** Enter the name of the contractor (the agency or organization applying for the grant).
- F. **Original or Amended.** Check whether this is an original budget or an amended budget. (When responding to an RFP, check original.) If an amended budget, enter the number of the amendment.

Expenditure Line Items

A. Line 1. Salaries and Wages.

1. Position Description. List all position titles or job descriptions needed to staff the program. This category includes the compensation paid to all permanent and part-time employees **on the payroll of the contractor and assigned directly to the program.** It does not include contractual services, professional fees or personnel hired on a private contract basis. The salaries and wages line must list each type of position description, the number of positions assigned to the program and the budget amount.

This expenditure category applies only to those positions supported directly by the contractor, not to personnel of subcontractors. NOT on this line:

- Consulting services, professional fees or personnel hired on a private contracting basis. These costs belong in “Other Expenses,” Line 7.
 - Contracts with sub-recipient organizations such as cooperating service delivery institutions or delegate agencies. These belong in “Contractual (Sub-contract) Expenses,” Line 5.
2. Positions Required. Enter the number of positions required for the program for each specific position title or description. You may express the entry as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
 3. Total Salary. Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

4. Comments. Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).
5. Total Salaries and Wages. Enter a total in the "Position Required" column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary under "Salaries and Wages," Line 1. If you need more than one page, enter a subtotal on the last line of each page. On the last page, enter the total amounts.

B. Line 2. Fringe Benefits. Specify (with an "X" in the box) each benefit that is applicable for staff working in this program. Enter the total cost of fringe benefits for staff working in this program and the composite fringe benefit rate (Total cost of fringe benefits divided by total cost of salaries and wages). This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program.

C. Line 3. Travel. Enter cost of employee travel (mileage, lodging, registration fees). This includes costs for mileage, per diem, lodging, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (those listed in "Salaries and Wages") for the conduct of the program. **If the Travel line (line 3) exceeds 10% of the Total Expenditures (line 11), state specific detail in the space provided on the Cost Detail Schedule (DCH-0386).**

Use only for travel costs of permanent and part-time employees assigned to the program.

- Consultants' travel costs belong under "Other Expenses - Consultant Services."

D. Line 4. Supplies and Material. Enter cost of supplies and materials (medical, office supplies, postage). Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **If the "Supplies and Materials" line (Line 4) exceeds 10% of the Total Expenditures (line 11), state specific detail in the space provided on the Cost Detail Schedule (DCH-0386).**

E. Line 5. Subcontracts. Specify subcontractor(s) working on this program. Specific details must include:

1. Subcontractor(s) address,
2. Cost for each subcontractor, and
3. Total cost of all subcontractor(s).

You may group multiple small subcontracts (e.g., various worksite subcontracts). Use this line for written contracts or agreements with sub-recipient organizations such as affiliates,

cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated to the sub-recipient contractor.

- Budget vendor payments such as stipends and allowances for trainees, patient care, consulting fees, etc. in the "Other Expense" category.

F. Line 6. Equipment. Enter a description of the equipment the project will purchase (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment needed to carry out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. By definition, equipment is an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **All equipment items summarized on this line must include: item description, quantity and budgeted amount. Individually identify each in the space provided under line 6. Once equipment is purchased, the project must tag it, list it on the "Equipment Inventory Schedule," and submit the schedule to the contract manager.**

Include equipment items costing less than five thousand dollars (\$5,000) each in the "Supplies and Material" category.

G. Line 7. Other Expenses. This category includes other allowable cost incurred for the benefit of the program. List the most significant items on the *Program Budget-Cost Detail Schedule*. Identify other minor items by general type of cost and summarize each type as a single line on the "Cost Detail Schedule" to arrive at a total for the "Other Expenses" category. **Provide specific detail in the space provided on the Program Budget-Cost Detail Schedule (DCH-0386) if the "Other Expenses" line (line 7) exceeds 10% of the "Total Expenditures" (line 11).** The following lists some of the more significant groups or subcategories of costs. Identify them individually in the space provided on and under line 7.

Sub-Line Items under Line 7, "Other:"

1. Communication Costs. Cost of telephone, telegraph, data lines, Internet access, etc., when related directly to the operation of the program.
2. Space Costs. Costs of building space, rental of equipment, instruments, etc., necessary to operate the program. The cost for publicly owned space may not exceed the rental of comparable space in privately owned facilities in the same general area. Grant funds may not be used to purchase a building or land, or to make capitol improvements.
3. Consultant Services. Costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for an aspect of the project. This category also includes travel and other costs of these consultants.

4. Services and Supports. The cost of direct provision of the services and supports needed by people with developmental disabilities to maintain and increase their self-determination and community inclusion, when **NOT** provided by staff on the payroll of the Contractor and assigned to the grant project. (**Supplanting:** Federal DD funds may not be used to supplant (replace or take the place of) existing local, state or federal funding. i.e., Grant funds cannot pay for what another entity is mandated by law to provide, or what another agency was funding before the grant.)
5. Other. All other items purchased exclusively for the operation of the program and not previously included.

G. Line 8. Total Direct Expenditures. Enter the sum of items 1 – 7 on line 8.

H. Line 9. Indirect Cost Calculations. Enter the allowable indirect costs for the budget. **Do NOT list "Indirect Costs" unless a State of Michigan Department or the applicable federal cognizant agency has established an approved indirect cost rate.** Attach a copy of the letter stating the applicable indirect cost rate and specifying the costs included in it. **You must provide detail on how you calculated the indirect amount on the Cost Detail Schedule (DCH-0386).**

I. Total Expenditures. Enter the sum of item 8 and 9 on line 10.